## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) COOPERATIVE OF AMERICAN PHYSICIANS IE COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00492116
Check If $X$ 24-hour report 48-hour report New report $X$ Amends report filed on	10 20 / 2012
Full Name (Last, First, Middle Initial) of Payee Revolution Media  Mailing Address 1020 Princess Street	10 / 19 / 2012
City State Zip Code Alexandria VA 22314	90000.00 nsaction ID : WFT20129201643-1
Purpose of Expenditure Radio & Television Advertisement  Category/ Type  Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: CA President State: CA  Senate District: 52
2012	ment For: Primary General
Full Name (Last, First, Middle Initial) of Payee	Other (specify)  ate
Mailing Address An	nount
City State Zip Code	
Purpose of Expenditure  Category/ Type  Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District:  President
Check O	one: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	ment For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	90000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	90000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Kirk Alan Pessner  [Electronically Filed] Date    The property of the property	23 / 2012